



# AUTHORIZATION FOR BACKGROUND CHECKS



In the interest of maintaining the safety and security of our customers, employees and property, The City of West Des Moines (the "Company") will order a "consumer report" (a background report) on you in connection with your employment application, and if you are hired, or if you already work for the Company, may order additional background reports on you for employment purposes. The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies. For more information, including information about your rights, go to [www.ftc.gov/credit](http://www.ftc.gov/credit) or write to: Consumer Response Center, Room 103-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, DC 20580.

The background report may contain information concerning your character, general reputation, personal characteristics, mode of living, and credit standing. The types of information that may be ordered include but are not limited to: Social Security number verification; criminal, public, educational and, as appropriate, driving records checks; verification of prior employment; reference, licensing and certification checks; credit reports; and drug testing results. The information may be obtained from private and public record sources, including personal interviews with your associates, friends, and neighbors. (An "investigative consumer report" is a background report that includes information from such personal interviews, except in California where that term means any background report.) The nature and scope of the most common form of investigative consumer report is an investigation into your education and/or employment history conducted by The City of West Des Moines or its agents. You may request more information about the nature and scope of an investigative consumer report, if any, by telephoning the Company at 515-222-3616.

After carefully reading this Authorization for Background Checks form, I authorize the Company to order my background report, including investigative consumer reports. I understand that the Company may rely on this authorization to order additional background reports, including investigative consumer reports, during my employment without asking me for my authorization again as allowed by law.

I also authorize the following agencies and entities to disclose to The City of West Des Moines and its agents all information about or concerning me, including but not limited to: my past or present employers; learning institutions, including colleges and universities; law enforcement and all other federal, state and local agencies; federal, state and local courts; the military; credit bureaus; testing facilities; motor vehicle records agencies; all other private and public sector repositories of information; and any other person, organization, or agency with any information about or concerning me. The information that can be disclosed to The City of West Des Moines and its agents includes, but is not limited to, information concerning my employment history, earnings history, education, credit history, motor vehicle history, criminal history, military service, professional credentials and licenses and substance abuse testing.

If applicable, I authorize release of information from my Department of Transportation regulated drug and alcohol testing records by my previous employer to The City of West Des Moines (the Company). This release is in accordance with DOT Regulation 49 CFR Part 40, Section 40.25. I understand that information to be released by my previous employer is limited to the following DOT-regulated items: alcohol tests with a result of 0.04 or higher, verified positive drug tests, refusals to be tested, other violations of DOT agency drug and alcohol testing regulations, information obtained from previous employers of a drug and alcohol rule violation and any documentation of completion of the return-to-duty process following a rule violation.

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Maiden/Other Names: \_\_\_\_\_ Sex: ☐ Female ☐ Male

Social Security Number: \_\_\_\_\_ Driver's License Number: \_\_\_\_\_ State Issuing License: \_\_\_\_\_

FOR IDENTIFICATION PURPOSES ONLY: Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ (Month/Day/Year)

A number of states, including but not limited to, AL, AR, FL, GA, IA, IL, IN, KS, MI, MN, MO, NE, NV, NH, PA, SC, TX, VA, WA, WV, and WI, require additional identifying characteristics in order to complete a criminal records search. For that purpose only, please provide the following:

Race: ☐ Asian ☐ Black or African American ☐ Hispanic or Latino ☐ Other ☐ White

Present Street Address: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

City/State where you have lived outside the State of Iowa within the past Seven Years (use a separate sheet as needed)

City/State: \_\_\_\_\_ From \_\_\_\_/\_\_\_\_ (Month/Year) To \_\_\_\_/\_\_\_\_ (Month/Year)

City/State: \_\_\_\_\_ From \_\_\_\_/\_\_\_\_ (Month/Year) To \_\_\_\_/\_\_\_\_ (Month/Year)

City/State: \_\_\_\_\_ From \_\_\_\_/\_\_\_\_ (Month/Year) To \_\_\_\_/\_\_\_\_ (Month/Year)

I agree that a copy of this form is valid like the signed original. I certify that all of my personal information on this form is *true and correct* and understand that dishonesty will disqualify me from consideration for employment with the City of West Des Moines, or if I am hired or already work for the City, that my employment may be terminated.

This authorization expires one (1) year from the date the Civil Service List is certified, unless otherwise revoked by applicant.

Signature \_\_\_\_\_

Date \_\_\_\_\_